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APPLICANTS

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** CONTINUING DATA ***** *None AB*

** FOREIGN APPLICATIONS ***** *None AB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>David Butler</i> Examiner's Signature Initials	STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 31 <i>24</i>	INDEPENDENT CLAIMS 2
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TITLE

UNDERFILL ENCAPSULANT FOR WAFER PACKAGING AND METHOD FOR ITS APPLICATION

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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